

## TOWN OF BLOWING ROCK

## APPLICATION FOR APPOINTMENT TO A VOLUNTEER BOARD

FULL NAME:
HOME ADDRESS:
PREFERRED CONTACT ADDRESS (if different from home address):
EMAIL ADDRESS:
TELEPHONE: day:evening:
BOTH THE PLANNING AND BOARD OF ADJUSTMENT HAVE ONE MEMBER WHO RESIDES IN THE ETJ.
FULL-TIME RESIDENT OF THE TOWN OF BLOWING ROCK:YESNO
FULL-TIME RESIDENT OF THE TOWN OF BLOWING ROCK ETJ:YESNO
HOW LONG HAVE YOU BEEN A RESIDENT OF BLOWING ROCK?
NAME OF VOLUNTEER BOARD FOR WHICH APPOINTMENT IS SOUGHT (list one only):

WHY DO YOU WISH TO OBTAIN THIS APPOINTMENT?	
ARE YOU FAMILIAR WITH THE TOWN'S COMPHENSIVE LAND USE PLAN? (It can be accessed at: <a href="Town of Blowing Rock 2014 Comprehensive Plan">Town of Blowing Rock 2014 Comprehensive Plan</a>	
RATE YOUR SUPPORT FOR THE VISION STATEMENT (on page 1-3 of The 2014 Comprehensive Plan) AND COMPREHENSIVE LAND USE PLAN (using a scale of 1 to 10. "1" signifying no support and "10" signifying great support):	
PLEASE EXPLAIN YOUR LEVEL OF SUPPORT FOR THE COMPREHENSIVE PLAN:	
WHAT SKILLS, EDUCATION, TRAINING, EXPERIENCE OR AREA(S) OF EXPERTISE WOULD YOU BRING TO THIS APPOINTMENT?	

	N OF BLOWING ROCK WHICH RELATE TO OU SEEK APPOINTMENT? IF YES, PLEASE
(INCLUDING MEMBERSHIP IN ANY ORC	POTENTIAL CONFLICTS OF INTEREST GANIZATION, YOUR EMPLOYMENT, AND OF ANY FAMILY MEMBER) THAT MIGHT PLEASE EXPLAIN:
FORCE, ADVISORY BODY OR COMMIT THE TOWN OR ENTITY IN WHICH YOU SE	ER TOWN'S BOARD, COMMISSION, TASK TEE? IF SO, PLEASE STATE THE NAME OF ERVED, AND THE BOARD, COMMISSION, MMITTEE, AND THE APPROXIMATE DATES
	ON A COUNTY OR TOWN BOARD, BODY OR COMMITTEE, PLEASE EXPLAIN
appointed to the board, and should a regard to a specific matter, I will discrecusal from the deliberations and include, but are not limited to: a direction	answers are true, and that should I be a conflict of interest exist or develop with lose the conflict of interest and request action involved. Conflicts of interest tor indirect financial interest by me or a er interest which impairs my ability to nd actions in question.
Sianature	Date